



DEWIPAT No. 30.025.21.US
UNITED STATES PATENT AND TRADEMARK OFFICE

TRANSMITTAL FORM	Application Number	10/672,791	
	Filing Date	September 26, 2003	
	First Named Inventor	David E. Edgren	
	Title	Method of Fabricating a Banded Prolonged Release Active Agent Dosage Form	
	Art Unit	1616	
	Confirmation Number	9483	
Examiner Name			
Total Number of Pages Submitted	2	Attorney Docket Number	ARC 2813 D1 N1

ENCLOSURES (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Fee Transmittal Form
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<input type="checkbox"/> Amendment/Reply
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<input type="checkbox"/> Affidavits/declaration(s)
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<input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm/Individual	Adenike A. Adewuya
Signature	<i>Adenike Adewuya</i>
Date	3/26/2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Adenike A. Adewuya		
Signature	<i>Adenike Adewuya</i>	Date	3/26/2004



DW/SB/81-1 (01-17-04)
DEWIPAT No. 30.025.AP3.US/J&J No. AZ0013USACON1
UNITED STATES PATENT AND TRADEMARK OFFICE

**ASSOCIATE POWER OF
ATTORNEY
And
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/672,791
Filing Date	09/26/2003
First Named Inventor	David E. Edgren
Title	Method of Fabricating a Banded Prolonged Release Active Agent Dosage System
Art Unit	
Confirmation Number	
Examiner Name	
Attorney Docket Number	ARC 2813 D1 N1

I hereby appoint:

☒ Practitioners associated with the Customer Number: **30766**

OR

☐ Practitioner(s) named below:

Name	Registration Number

as Associate Attorney of Record to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: **27777**

OR

☐ The address indicated below:

Firm/Individual					
Address					
Address					
City		State		Zip	
Telephone		Fax			

I am the:

☐ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ Attorney/Agent of Record

SIGNATURE OF Applicant, Assignee of Record, Attorney, or Agent

Name	Samuel E. Webb	Registration No.	44,394
Signature			
Date	1/20/04	Telephone	650-564-2901

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.